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Population Health Forum

Pathways for Successful Accountable Care Organizations: Physician Engagement

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The first Forum of the 2013 academic year featured James E. Barr, MD, Medical Director of Optimus Healthcare Partners and Atlantic Health Systems Accountable Care Organizations. He is also a family physician at Pleasant Run Family Physicians, a practice that has achieved recognition from NCQA (National Committee for Quality Assurance) in the Physician Practice Connections program (PCP®).[1] His presentation primarily focused on two missing links in healthcare: physician engagement and patient engagement. He discussed these two crucial items in the context of the Accountable Care Organization (ACO) Triple Aim.[2]

Barr began his presentation with a clear message that health care needs to take a bottom-up approach, because the top-down approach has not worked. He shared his personal experience as a participant in a pilot project examining claims data for his patients with diabetes, where he was surprised to discover that the care he provided was compliant with evidence-based guidelines only 40% of the time. As Barr described the improvements necessary to achieve the ACO Triple Aim, he also discussed the difficulty in engaging physicians to make these changes. Barr emphasized the need to help physicians understand the linkages between 'structure, process, and outcomes', concepts in which physicians are not formally trained as part of their medical education. A key principle to creating a high performance physician network is leveraging the natural competitive spirit so many physicians possess. Full data transparency through registries and data sharing, and appropriate financial incentives and disincentives associated with specific metrics will encourage every provider to strive to be a high performer. By creating PCMH and ACO contracts with providers within Atlantic Health System, Barr offered practices a per member/per month payment boost on top of the typical fee for service on over 50% of patients seen. Moving toward these models means practices can gain revenue by taking advantage of the financial incentives available, but also from the increase in productivity that accompanies higher quality care. Barr warned that physicians who do not provide value will not remain a part of the delivery system.

Equally valuable to changing the behavior of a physician in this model is securing ACO support staff who will track down a no-show patient, stay in contact with hospitals involved with care of their patients, and serve as the link to community services. This truly captures the essence of coordinated care. Limited access to care is another barrier that can be overcome by implementation of the American College of Physicians PCMH Neighbor model.[3] By incentivizing communication among patients, family physicians, specialists, and community services, the use of emergency departments for non-acute care will decrease. Barr reports that in one study, 40% of emergency department visits in New Jersey could have been dealt with in a doctor's office.

Barr finished his presentation by highlighting the importance of leadership. As a physician leader, he was able to implement the structure and process that led to better outcomes for his practice and health system. His take-home message was that the current healthcare system is failing its patients, and will only be exacerbated as the baby boomer generation ages. To combat this, it is important to focus on moving away from serving as a 'gatekeeper' restricting access and moving toward serving as a 'gateway to care'. ■

To listen to Forum podcasts and access presentations visit: http://jdc.jefferson.edu/hpforum/

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